Tissue Committee of a Hospital Medical Staff

A Report of the Medical Review And Advisory Board

SERVICE TO HUMANITY is the principal objective of the medical profession. Physicians, faithful to the honored traditions of the profession, recognize that they are trustees of medical knowledge and skills. The Code of Medical Ethics obliges all members of the profession to "strive continually to improve medical knowledge and skill, and . . . make available to their patients and colleagues the benefits of their professional attainments."

American physicians have developed, as an integral part of the practice of medicine, the concept that physicians admitted to privileges in the hospital, should organize themselves into a self-governing medical staff. Good hospital administration today and the law in many states which regulates hospital organization, have uniformly adopted this principle.

The ethical and legal concepts concerning continuing education and self-government of the hospital medical staff, have fostered the organization of medical staff review committees. Through the work of these committees, the public and professional responsibility of the whole staff, as well as that of each staff member, is promoted by a review and comparison of the medical work of each member of the staff. The right of medical groups, in good faith, to define and demand certain requirements of its members, has been upheld by the courts when these requirements have a reasonable connection with improving and maintaining the standards under which members practice their profession, and tend to regulate fair dealing among the members of the profession and with the public.

There is one medical staff review committee, or several, concerned with all or different facets of medical care rendered in a hospital. Frequently, the size of the hospital and the number of records to be reviewed determines the number of review committees needed. This paper will describe the tissue committee, its organization, purpose and function when it is separately established. However, some medical staffs will have one committee perform this and other functions. The general procedures outlined here would be applicable in both instances, with appropriate revisions and modifications.

The Model Medical Staff By-Laws recommended by the Joint Commission on Accreditation of Hospitals, suggests the formation of a tissue committee in the following language:

"The Tissue Committee shall include representatives of the departments of surgery, gynecology, obstetrics, and such other departments as desired—usually the Pathologist should sit as a member of this committee or ex officio. The duties of the Tissue Committee shall be to study and report to the staff, or to the Executive Committee of the staff, on the agreement or disagreement among the preoperative, postoperative and pathological diagnoses and on whether the surgical procedures undertaken in the hospital were justified or not. This study will also include those procedures in which no tissue was removed. The report to the Executive Committee shall be in writing on at least a monthly basis."

Approved by the Council of the California Medical Association, August, 1961.

Purpose of the Tissue Committee

The tissue committee's function is to further medical staff education and self-discipline. Its influence should be positive. By analysis and review of tissues removed, continuing education is afforded to elevate the caliber of medical care being provided in the hospital. The work of the tissue committee is not directly concerned with a particular patient's medical problem, or what should be done about it. It is, instead, a postsurgical activity, taking place usually quite some time after the patient has left the hospital, relating to the tissue removed. Study and comparison is made of the preoperative diagnosis with both the postoperative diagnosis and the pathologist's report. It charts and tabulates the facts and compares the results with its recent periodic reports and with recommendations of other hospitals, when available, in order that the practice of all can be improved by such knowledge.

Tissue Committee Method of Procedure

In general, there are at least three methods of operation this committee may use to review the surgical work of the staff or any part of it. First, the medical history itself may be reviewed. A second and rather simple and direct method is to make provision for one extra copy of the pathologist's report to be prepared and sent to the tissue committee, identified only by case number. When this system is used, the preoperative and postoperative diagnoses must be shown on the pathology report. The third method is to provide for a synopsis worksheet to be prepared by the records librarian which has posted to it such vital information as:

1. Patient's hospital number;
2. Patient's age;
3. Preoperative diagnosis;
4. Postoperative diagnosis;
5. Operative procedure;
6. Tissue removed, if any;
7. Tissue number;
8. Pathological diagnosis, if any; and
9. Operative and postoperative complications.

The following is a description of the worksheet method to illustrate how it operates. Each hospital tissue committee ought to devise its own system, best suited to itself. The plan that is illustrated is used by many and can serve as a guide. In the interest of brevity, alternate plans are not outlined.

The committee chairman or other designated members review each worksheet. Where there is consistency throughout, and where no operative or postoperative complications occurred, the results are merely tabulated for the purpose of interim and annual reports. In those instances of diagnostic and pathological inconsistency, or occurrences of complications, the case is assigned to a member of the committee for a more detailed examination. The extent of further evaluation will include at least a review of the patient's chart, and may include a personal interview with the attending physician. Not only must this evaluation attempt to resolve reasonably any disagreement among the preoperative, postoperative, and pathological diagnoses, but it should also attempt to determine whether the surgical procedure performed was adequately indicated, and whether the quality of the work is acceptable.

At the next committee meeting, each member reports his findings to the entire committee for appraisal. The results and recommendations are then tabulated as before. Cases presenting unresolved inconsistencies or potential deficiencies in desired standards of care, are referred to an appropriate administrative medical staff committee (herein called the executive committee) for further evaluation.

At the bottom of each worksheet are four numbered items, each corresponding to the extent of investigation necessary. They are checked and dated when completed.

Check	Date	
1.		Completed on worksheet.
2.		Completed on additional evaluation
3.		Referred to executive committee.
4.		Completed by executive committee.

The tissue committee chairman checks and dates the appropriate disposition contained within the first three items. All worksheets, regardless of the type and disposition by the tissue committee, are referred to the office of the executive committee for sorting and final tabulation. Those cases "referred to the executive committee" are presented to the next regularly scheduled meeting of that committee for further evaluation and final disposition. As each worksheet is complete in its routing, an indication of its final disposition is entered on a central file card maintained for each staff member of the hospital. The items to be entered on this card consist of the patient's number, the number corresponding to the final disposition (Arabic numeral 1, 2, or 4), followed by the date of final disposition. Since these file cards are maintained only for purposes of identifying which cases have been reviewed, and in general, what percentage of such cases have required more than the information contained on the worksheet for evaluation, there need be no further comment. It should be remembered that a difference of medical opinion concerning a case need not indicate inadequate care.

CENTRAL FILE CARD

DOCTOR.....

Patient Number	Disposition	Date
3425	1	2/17/60
6789	2	2/26/60
7127	1	3/ 5/60
7536	2	3/14/60
7718	4	3/22/60
7931	1	4/ 4/60

If a particular case requires corrective action concerning the attending physician, a written memorandum by the executive committee should be maintained in the physician's credentials committee file. In the absence of corrective action, there is no reason to maintain any records in addition to the information ultimately contained on the central file card as noted above. If at any later date it appears that a particular doctor is accumulating an excessive quantity of cases requiring executive committee examination ("4" on his file card), the various patients' records or microfilms thereof, so identified, can be rereviewed in concert by the executive committee to determine the presence or absence of a specific pattern of needed corrections. Self-discipline through staff education is promoted.

The Statistical Report of the Tissue Committee

The format of the periodic and annual report of this committee can be quite variable, but for proper educational value it should contain both statistics and comments. An example is as follows:

"The Tissue Committee reviewed 100 operations performed in this hospital during the month of July. In ninety of these cases, there appeared to be no question about the surgical indication for the removal of the tissue taken. In eight of the remaining cases, after the clinical record of the patient was reviewed, the committee reached the same conclusion. Two cases were referred to the Executive Committee for further review.

"Fifty appendices were removed: Thirty-six were reported diseased; ten were removed incidental to

other abdominal surgery; three were reported as not acutely diseased, but were justifiably removed on clinicosurgical grounds.

"Of ten uteri, ovaries, and Fallopian tubes removed, eight were reported diseased. The two remaining cases revealed justification on clinical grounds.

"This record would indicate a considerable improvement over the degree of diagnostic judgment since July of last year. Where the clinical record was examined, it was found to be in good condition. Improvement could be made, especially in the timeliness and completeness of the record. In one instance, an intern entered a conclusion which was not supported by the facts, and it had not been corrected by the attending physician."

The Admissibility of Tissue Committee Records and Testimony of Committee Members in Malpractice Suits

The question has frequently been asked, "Can the tissue committee records or the members of a tissue committee be subpoenaed in a malpractice action against the attending physician?" Within the knowledge of the authors, there is no case to date in which these issues have been presented and decided by the courts.

It should be remembered that a subpoena may be issued for the production of a record or the appearance of a witness, but that the record or the testimony might never be admitted in evidence during the trial of the suit. It would seem that based on established principles, tissue committee records or testimony of the members of the committee acting as a tissue committee, would not be admissible in a malpractice action.

First, there is no physician-patient relationship existing between the members of the committee and the patient. The committee does not examine the patient, nor do they consult with the attending physician during the course of treatment.

Second, the records of the tissue committee do not become a part of the clinical record of the care rendered a patient. They are not required as part of the care, are not made contemporaneously with the treatment, and do not relate in any way to the treatment. These records are not original records concerning the care rendered to a patient. They relate, rather, to the process of self-education and self-betterment of the medical staff as a whole.

Third, the committee records generally are tabular and relate to trends. They can be said to be strictly confidential intraorganizational studies for the purpose of improving medical staff knowledge, self-education and self-discipline. Committee members' acts and decisions, made in good faith to promote professional standards, are given a qualified or limited privilege.

Fourth, the standard of judgment used in the work of the tissue committee is a standard of excellence. This standard is irrelevant to the issue of the prevailing standard of care or diagnostic judgment used by the ordinary physician in a community.

CONCLUSION

The multiplicity of modern research achievements and rapidly changing trends are placing an almost overwhelming burden on the average medical and surgical practitioner. Even the most conscientious finds it increasingly difficult in the face of an active and demanding practice to read profitably a sufficient number of the better medical journals. Postgraduate courses in various medical centers are designed to help the busy practitioner to keep abreast of recent developments, but they must necessarily be limited in subject matter and doctor exposure.

As a matter of fact, any program of continuing education, whether by articles, courses, seminars or the like, will be broadly effective only as far as the individual practitioner and his local group are apprised of and carry out the findings and recommendations of various developments.

To maintain and improve the quality of medical care, there is inestimable value in the continuous evaluation of current clinical practice and correlation of the findings with modern achievements and trends. The review of tissue and other medical activity can become an integral part of this educational program. A suggested plan for organization and operation of a committee to perform this review is discussed.